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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>09/164661</i>
Substitute for Form PTO-875					
CLAIMS AS FILED – PART I					
(Column 1)			(Column 2)		
FOR	NUMBER FILED	NUMBER EXTRA			
BASIC FEE (37 CFR 1.16(a))					
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					
* If the difference in column 1 is less than zero, enter "0" in column 2.					
CLAIMS AS AMENDED – PART II					
(Column 1)			(Column 2)	(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".					
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".					
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

09/964661

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 = *	
INDEPENDENT CLAIMS	5 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	370.00
OR	BASIC FEE 740.00
X\$ 9=	
OR	X\$18=
X42=	
OR	X84= 84
+140=	
OR	+280=
TOTAL	
OR	TOTAL X 24

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	=
Independent	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDT. FEE	
OR	TOTAL ADDT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	=
Independent	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDT. FEE	
OR	TOTAL ADDT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	=
Independent	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDT. FEE	
OR	TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

AMDT
12/19/01AMDT
10/22/03AMDT
5/25/04